DOCUMENT RESUME

ED 418 363 CG 028 397

AUTHOR	Farrell, R. Joel, II, Ed.
TITLE	Alabama Counseling Association Journal, 1996.
PUB DATE	1996-00-00
NOTE	58p.; Published semiannually.
PUB TYPE	Collected Works - Serials (022)
JOURNAL CIT	Alabama Counseling Association Journal; v22 n1-2 1996
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	Adolescents; Community Role; *Counseling; *Counselor Attitudes; *Counselor Role; Disabilities; Ethics; Grief; Homosexuality; Males; Predictor Variables; Prevention; Qualitative Research; Rehabilitation Counseling; Sex Role; Substance Abuse
IDENTIFIERS	Commitment; Implications; Professionalism; Public Agency Rehabilitation Counselors

ABSTRACT

This document consists of the two issues of the "Alabama Counseling Association Journal" published during 1996. The focus of the journal is on communicating ideas and information that will help counselors to implement the counseling role and develop the profession of counseling. Issue number 1 includes the following articles: "Commitment through Writing," Joel Farrell, II; "Negative Attitudes of Rehabilitation Counselors toward Persons with Disabilities: Implications for Client Service Provision," Michael Crowson and Jamie Satcher; "A Qualitative Analysis of Responses from Three Male Cohorts: Work, Relationships, and Role Identity after the Women's Movement," Debra C. Cobia and Jamie S. Carney; and "Predictors of Organizational Commitment among Alabama's Public Agency Rehabilitation Counselors," Jamie Satcher and Marcheta McGhee. The following articles make up issue number 2: "Commitment through Professionalization," R. Joel Farrell, II; "Counseling Gay Men: An Introduction," Karla D. Carmichael, Jamie F. Satcher, and Jeff Todd; "Community and Professional Roles in the Prevention of Adolescent Substance Abuse," Diane Gossett and Andrew A. Cox; "Complaints Filed with the Alabama Board of Examiners in Counseling," Ken E. Norem; and "Alabama Counseling Association Leadership." (MKA)

ALABAMA COUNSELING ASSOCIATION

Journal

Alabama Counseling Association Journal

The Alabama Counseling Association Journal (ALCAJ) is the official journal of the Alabama Counseling Association (ALCA). The *ALCAJ* is published twice a year by ALCA. *ALCAJ*'s purposes are to publish archival material and to publish other material of interest to a readership composed of counselors, counseling psychologists, counselor educators, and student personnel specialists who work in schools, colleges, universities, community agencies, government and private practice. *ALCAJ* publishes articles that integrate published research, examine professional/scientific issues, report research, and report new or innovative techniques, or practices. Manuscripts are welcomed from practitioners, educators, and researchers (see inside of back cover for *Guidelines for Authors*).

Subscription: Subscriptions for non-members are available at $5.00 per issue. ALCA members receive the *ALCAJ* as a benefit of membership. Requests regarding subscriptions or memberships should be addressed to the ALCA Executive Secretary.

Change of Address: ALCA Members and nonmember subscribers should report address changes to the ALCA Executive Secretary.

Advertising: For information, contact the ALCA Executive Secretary. ALCA reserves the right to edit all copy and to refuse ads that are not in consonance with the principles of ALCA. The publication of any advertisement by ALCA is not an endorsement of the advertiser, the products, the services or the claims advertised.

Staff: *Editor*: R. Joel Farrell II, Auburn, AL. *Editorial Assistant*: Randall Burton, Montgomery, AL. *Production Assistant*: Teresa Burton, Montgomery, AL.

Editorial Board: Margaret "Meg" Smith (Publications Committee Chair), Montgomery, AL. *1993-1996 Terms*: Debra Cobia (ALACES), Auburn, AL; Frank Hulbe (ALCCA), Montgomery, AL; Richard Hawk (ALAMHC), Troy, AL. *1994-1997 Terms*: Janice S. Carney (ALASGW), Auburn, AL; Mary Finley (ALAHE/AD), Jackson, AL; Ingie Givens (ALCDA), Sylacauga, AL. *1995-1998 Terms*: Suzanne Freyder (ALSERVIC), Birmingham, AL; Nancy Belue (ALSCA), Florence, AL; Judith Harrington (ALMHCA), Birmingham, AL; Janne Satcher (ALDARCA), Tuscaloosa, AL.

Correspondence: Correspondence should be addressed to R. Joel Farrell II, *ALCAJ* Editor, 617 Shawnee Street, Auburn, AL 36830. Telephone (334)-277-2277.

Alabama Counseling Association

The Alabama Counseling Association is a partnership of associations representing counselors who enhance human development. ALCA is a state branch of the American Counseling Association (ACA).

ALABAMA
COUNSELING ASSOCIATION JOURNAL

Volume 22, Number 1 Spring Summer, 1996

COMMITMENT THROUGH WRITING

Welcome to the Spring/Summer issue of the *ALCA Journal*. The content of this issue is hopefully informative, enlightening and practical. The three articles and poem contained herein demonstrate the sound qualitative and quantitative research of ALCA's counselors, counselor-educators and graduate students. The commitment to the counseling profession and the counselors of Alabama demonstrated by these auth should be emulated by each and every ALCA member.

Your commitment to the counseling profession through the *ALCA Journal* can be demonstrated by preparing manuscripts, by critiquing published articles, and by critiquing the *Journal*. In essence, your commitment to the profession can be demonstrated by communication. The *Journal* seeks your communication of syntheses of published research, results of current research, concerns or issues of the profession, techniques or interventions for clinical practice, and reviews of books or other materials. The *Journal* and ALCA needs your involvement to accomplish the mission of educating and informing counselors in Alabama.

In coming issues of the *Journal* the involvement of ALCA members will be evident through the production of special issues. The topics already submitted for special issues are *Death and Dying, Premarital, Marital, and Divorce Counseling, Ethical and Legal Issues* and *Implications of Technology on Practice*. Manuscripts addressing these topics are sought from counselors, counselor educators and graduate students. In particular , manuscripts which demonstrate relevancy to the diverse practice settings of ALCA members are desired for publication..

The involvement of each and every ALCA member is needed for the *Journal* to contribute to the profession. Whether you are a counselor, counselor-educator, or graduate student your contributions are needed. Whether your practice is in a school, college, university, agency, or private setting your contributions are need. Demonstrate your commitment to the counseling profession by contributing to the *ALCA Journal*.

NEGATIVE ATTITUDES OF REHABILITATION COUNSELORS TOWARD PERSONS WITH DISABILITIES: IMPLICATIONS FOR CLIENT SERVICE PROVISION

Michael Crowson
Indian Rivers Mental Health Center
and
Jamie Satcher
University of Alabama

Abstract. This article describes societal attitudes towards persons with disabilities and how these attitudes may be adopted by rehabilitation counselors. The implications of such negative attitudes for client service provision within rehabilitation settings are also discussed.

Introduction

Historically, negative perceptions and attitudes towards persons with disabilities have hindered their integration into the mainstream of American society (Hwsheuson, 1992) Viewed solely on the basis of perceived limitations, individuals with disabilities have consistently faced attitudes which are characterized by stereotyping and discrimination. Such attitudes have led to reduced opportunities for employment, social interaction, and the enjoyment of public facilities (Kilbury, Benshoff, & Rubin, 1992).

Negative attitudes towards persons with disabilities arise from both socio-cultural and psychological forces (Livneh, 1991). From a sociological perspective, negative attitudes may be viewed as stemming from such concepts as the "body beautiful, body whole, youth, health, athletic prowess, personal appearance, and wholeness" (Livneh, 1991, p. 182). These standards are created and adhered to through the mass media and cultural norms.

Another socio-cultural influence on negative attitudes toward persons with disabilities is that American society views personal productiveness and achievement as highly desirable in its citizens (Livneh, 1991). Persons with disabilities may be perceived as unwilling or unable to compete at levels comparable to nondisabled individuals, therefore limiting their opportunities for productivity and achievement. As a result, they often have lesser economic and social status than nondisabled persons.

Other socio-cultural factors which contribute to negative attitudes toward persons with disabilities include (a) resistance to providing special accommodations for individuals with disabilities (Havranek, 1990); (b) reification, which is the generalization of one characteristic to other, unrelated characteristics

(i.e., a person who cannot speak clearly because of cerebral palsy may be presumed by strangers to be mentally retarded as well); and (c) the degree of visibility and knowledge about a particular disability (Havranek, 1990).

Psychological factors which may influence attitudes toward persons with disabilities include guilt over being able-bodied, uncomfortableness with the physical and appearance of persons with obvious impairments. For some, the existence of a disabling conditions in other may serve as a reminder of the inevitability of physical decline and death (Livneh, 1991).

Attitudes of Rehabilitation Counselors

The results of research examining rehabilitation couns[illegible]ttitudes demonstrate that they are not immune to many of the negati[illegible]rger society holds towards persons with disabilities (Yuker, 1988) [illegible]and McCarthy (1988) surveyed rehabilitation counselors belongi[illegible]can Rehabilitation Counseling Association (ARCA) and concluded [illegible]ncial attitudes of rehabilitation counselors comprise the greatest barrie[illegible]isability rights movement. Negative attitudes which rehabilitation counselors may have toward their clients vary according to personal experiences, beliefs, and values. For example, Deloach and Greer (1981) reported that rehabilitation counselors may prefer not to work with persons with specific disability types or individuals with severe disabilities. These researchers conclude that this reluctance resulted from (a) personal misconceptions or fears and or (b) a stereotypical belief that persons with severe disabilities cannot achieve successful employment.

Perceived cause of disability has also been attributed to negative attitudes of rehabilitation counselors towards individuals with disabilities (DeLoach & Greer, 1981). If an individual acquired a disability as the result of behavior which conflicts with the counselor's moral standards, th[illegible]n the potential of that individual might be viewed less positively. For example, a person with paralysis resulting from an automobile accident might be seen as deserving the disability if he or she had been drinking at the time of the accident. Attributions of causality by the person with the disability may, therefore, influence rehabilitation counselors' attitudes.

Bordieri (1993) studied perceived cause of disability and its effect on the perceptions of rehabilitation counselors. The results showed that clients whose disabilities were attributed to causes beyond their control were more likely to be viewed by rehabilitation counselors as cooperative and acti[illegible]e participants in their rehabilitation programs than those whose disabilities resulted from the results of their own behaviors.

Issues of personal power may also influence rehabilitation counselors' attitudes towards individuals with disabilities. DeLoach and Greer (1981) indicated that some rehabilitation counselors may see themselves as omniscient service providers. Such counselors foster dependent client behaviors through a

belief that persons with disabilities are unable to make reasonable or rational decisions related to their rehabilitation programs. Murphy and Salomone (1983) interviewed rehabilitation counselors and their clients regarding expectations of the rehabilitation process. They found that clients generally believed that they would be the primary decision makers upon entering rehabilitation programs. In contrast, the counselors viewed themselves to be the major determiners of services and frequently felt that they had to restructure initial client expectations.

Results of Negative Counselor Attitudes

Rehabilitation counselors holding negative attitudes towards persons with disabilities may have lowered expectations of the clients with whom they work. They may fail to appropriately consider each individual's strengths, assets, and potential on the basis of what the counselor views as realistic (DeLoach & Greer, 1981). This may result in rehabilitation planning and placement efforts that do not allow clients to fully realize their maximum potential.

From the client's perspective, rehabilitation clients may choose to terminate the client counselor relationship if they feel they are not being properly served. Those who choose to comply with the counselor's wishes may feel disempowered, victimized, and or forced into rehabilitation goals and outcomes that are incompatible with their personal needs and goals.

Conclusions

Rehabilitation counselors are charged with many responsibilities inherent to counseling. These responsibilities arise from moral and ethical positions that form the crux of the effective counseling relationship and are typically taught in counselor preparation programs. The duty to respect clients and value diversity (Egan, 1990) is a key element in counseling persons with disabilities. This duty places special importance on prizing those human dimensions that make clients diverse and working hard to understand clients different from one's self (Egan, 1990). It is important, then, that rehabilitation counselors value the humanness of each client. The personhood of a client should not be reduced simply because of the presence of a disability.

Another important factor when counseling persons with disabilities is understanding individuality and treating each client from such a perspective is . Each client has different goals, needs, and desires regarding rehabilitation outcomes. Therefore, rehabilitation counselors should not operate from a generalist perspective, viewing all clients as having similar problems and solutions. Rather, rehabilitation counselors should be specialists prepared to meet the unique needs of each client served.

The suspension of value judgements by the rehabilitation counselor is an important part of the counselor client relationship. Value judgements may take many forms in rehabilitation counseling. For example, a counselor may make a

judgement hat a client is not working hard enough toward his or her rehabilitation goal. The counselor may then choose to respond with unnecessary harshness without considering the entire context of the client's environment. A more complex situation may arise when a counselor considers the client responsible for his or her predicament-- disability--and, consequently, as less deserving of an understanding and caring service provider. To reduce the likelihood of harm to clients, it is necessary for rehabilitation counselors to become aware of their values and how those values influence the services they provide to their clients (Corey, 1991).

Counselor qualities such as empathy, warmth, respect, and genuineness should be shown to clients in rehabilitation (Rubin & Roessler, 1987, p. 166). Rogers (1961) pointed out that the existence of these qualities in counselors assists clients to better understand themselves, become more self-directive and self-confident, and be more able to cope with life's problems. In other words, these counselor qualities empower rehabilitation clients.

Finally, rehabilitation counselors have the same capacity to hold negative attitudes toward persons with disabilities as society in general. Rehabilitation counselors should pay special attention to how their own stereotypes and negative beliefs may limit the potential of their clients. Training in basic counseling skills may be one way that rehabilitation counselors can work to enhance those attitudes and skills which allow for consumer choice.

References

Bordieri, J. E., (1993) Self blame attributions for disability and perceived client involvement in the vocational rehabilitation process. *Journal of Applied Rehabilitation Counseling, 24*(2), 3-6.

Corey, G. (1991). *Theory and practice of counseling and psychotherapy.* Pacific Grove, CA: Brooks Cole.

Deloach, C., & Greer, B.G. (1981). *Adjustment to severe physical disability.* New York: McGraw-Hill.

Egan, G. (1990). *The skilled helper*(4th ed.) Pacific Grove, CA: Brooks/Cole.

Havranek, J. E. (1991). The social and individual costs of negative attitudes toward persons with physical disabilities. *Journal of Applied Rehabilitation Counseling, 22*(1), 15-20.

Hweshenson, D. B. (1992). Conceptions of disability: Implications for rehabilitation. *Rehabilitation Counseling Bulletin, 35*, 154-160.

Kilbury, R. F., Benshoff, J. J., & Rubin, S. E. (1992). The interaction of legislation, public attitudes, and access to opportunities for persons with disabilities. *Journal of Rehabilitation, 58*, 6-9.

Livneh, H. (1991). On the origins of negative attitudes toward people with disabilities. In R. P. Marinelli & A. E. Orto (Eds.)*The psychological and social impact of disability* (pp. 181-196). New York: Springer Publishing.

Murphy, S. T., & Salomone, P. R. (1983). Client and counselor expectations of rehabilitation services. *Rehabilitation Counseling Bulletin, 27*, 81-93.

Noble, J. H., & McCarthy, C. M. (1988). Organizational accommodation and rehabilitation values. In S. F. Rubin and N. M. Rubin (Eds.) *Contemporary challenges to the rehabilitation counseling profession* (pp. 15-29). Baltimore, MD: Paul H. Brooks Publishing Co.

Rubin, S. E., & Roessler, R. T. (1987). *Foundations of the vocational rehabilitation process*. Austin, TX: Pro-Ed

Rogers, C. R. (1961). *On becoming a person*. Boston, MA: Houghton Mifflin.

Yuker, H. E. (1988). *Attitudes toward persons with disabilities*. New York: Springer Publishing

---

Marian Crowson, M. A., Therapist, Indian Rivers Mental Health Center, 1915 6 Street, Tuscaloosa, Alabama, 35403

James Satcher, Ph.D., CRC, Associate Professor, The University of Alabama, Program in Counselor Education, Box 870231, Tuscaloosa, Alabama 35487-0231

Author Note: Mr. Crowson wrote this manuscript while he was a student in the Master's program in Rehabilitation Counseling at the University of Alabama

A QUALITATIVE ANALYSIS OF RESPONSES FROM THREE MALE COHORTS: WORK, RELATIONSHIPS, AND ROLE IDENTITY AFTER THE WOMEN'S MOVEMENT

Debra C. Cobia
Auburn University
and
Jamie S. Carney
Auburn University

Abstract. Positive and negative outcomes of the women's movement for three male cohorts (n = 56), based on age at the time of the movement, were identified through the collection and analysis of survey and interview data. Outcomes for all three groups included changes in work, relationships, and role identity. Subtle differences could be identified among groups within these categories. Adults (24-30 years) seemed to have reconceptualized views of self and women after interacting with women in the workplace. Adolescents (12-18 years) seemed to have incorporated the ideals of the movement into their identities. Role inconsistency has led to some confusion about expectations in interpersonal relationships for the childhood cohort (0-6 years). Results indicate that impact was mediated by age the time of the event in question. Consequently, researchers and therapists should consider the relative age and experiences of participants in research and therapy when making interpretations and formulating plans for treatment.

Introduction

Over the span of an individual's lifetime, social and cultural events occur which might alter the bicultural context in which one develops (Danish, Smyrner, & Nowak, 1980; O'Neil & Egan, 1992a). Events such as the industrial revolution, Great Depression, and the civil rights movement may be responsible for a reallocation of society's wealth and resources, leading to the establishment of social policy and to the creation of new roles, priorities, and expectations which present new options for growth and development. These events, historical, economic, or political, vary in personal significance according to the individual's stage of life when the event occurs (Neugarten, 1976; O'Neil & Egan, 1992b).

The data reported were from a broader study investigating the impact of a specific historical event, the women's liberation movement (women's movement), on the individual development of three male cohorts. The women's movement was chosen because of its position in the historical context of the authors' lives. Male cohorts, individuals who experienced the same event at different stages of

development, were selected because few attempts have been made to investigate the experience of males. Erikson (1975) stated most clearly that traditional oversights could not be corrected by focusing exclusively on the fate of women instead of studying the correspondences in male and female experience of history. This is an especially important concept as one considers that the most salient aspect of the contemporary women's movement was that there was no separation between the personal and political lives of men and women (Chafe, 1977; Seidler,1991; Baslow, 1992).

Our purpose was to understand and describe the male experience of the movement and how that experience was mediated by the individual stages of development of each cohort. One theory of development accommodating the historical dimension in the individual-society relationship was that of Erik Erikson (Buss, 1979). Erikson argued repeatedly for the importance of considering human development in conjunction with historical circumstances and was one of the first developmental theorists to give equivalent value to the effect of the environment (Cumming & Cumming, 1962). Unfortunately, he did not articulate clearly a method for incorporating history and social change into research methodology. Stewart and Healy (1989) proposed a model for research linking the two. Their model emphasized consideration of how research participants' receptivity to historical events is mediated by their life stage during the events. The cohort approach described assumes that rapid change differentiates the options and life patterns of one cohort from previous and subsequent cohorts.

Our focus was specifically on three cohorts' perceptions of the positive and negative outcomes of the women's movement for men. These perceptions were examined in relation to the participants' psychosocial stage of development, childhood, adolescence, or early adulthood, when they experienced the event (Erikson, 1980). Because the contemporary women's movement is said to have officially begun in 1963 with the publication of the *Feminine Mystique* (Stewart, Lykes, & LaFrance, 1982; Baslow, 1992), participants were sought who were age 0-6 yr.(childhood cohort, n = 19), 12-18 yr. (adolescent cohort, n = 24), and 24-30 yr. (adult cohort, n = 13) in 1963. Because the event under consideration occurred in the United States, only those men born and reared in the US were included. Also, because the male leadership in the civil rights organizations during this time period did not wish to be distracted from the battle for racial equality by adding women's rights to their agenda (Shapiro & Shapiro, 1979), we decided to limit participation to Caucasian males to eliminate potential cross-cultural variance.

Data Management and Analysis

One of the interesting and challenging aspects of qualitative research designs is the reporting of procedures. It is somewhat misleading to describe, in a linear fashion, the subjects, instrumentation, data collection, analysis and results,

Instead, it is more helpful to think in terms of data reduction, collection and analysis (Huberman & Miles, 1994).

Data reported here were collected and analyzed simultaneously, with each conclusion drawn leading to additional data collection to verify the researchers' interpretations. Steps included making specific observations based on participants' responses, reducing data by grouping observations together, and, finally, discovering relationships among categories and generating explanations for those relationships.

Data collection

Questionnaire Prospective participants, identified with the assistance of the personnel office, were asked to complete a four page, 32- item questionnaire which assessed information in three areas. The first area, biographical data, included such items as birth date, ethnic origin, and marital status. The second area sought information regarding the individual's family of origin. The respondents' opinion of, and degree to which they felt influenced by, the women's movement was assessed in the third and final section of the instrument through open-ended questions regarding the positive and negative influences of the movement. Results reported herein include data from the free response items in the third section.

Interview Following the analysis of written data, five members of each of the three cohorts (n = 15) were randomly selected and consented to participate in an interview to confirm or explain questions generated from the analysis of the questionnaire data. The semistructured interviews lasted approximately 45 minutes. Members of the adult cohort were all interviewed during one week, with the adolescent and childhood cohorts interviewed in the two successive weeks. Field notes taken during each interview were extended, corrected, edited, and typed immediately upon completion of each interview. All interviews were conducted by the same person, a doctoral candidate in counselor education with training and 10 years of experience in conducting open-ended, semistructured and structured interviews. The interviewer was a Caucasian female, 36 years of age.

Data analysis Because our intention was to describe participants' perceptions of the women's movement and its effect on their lives, inductively oriented data analysis was used. All analyses were conducted within cohort. Initially, responses to the open-ended questionnaire statements were transferred to 3 x 5 cards, color coded by cohort, so they could be easily stored and mechanically manipulated. The cards were first sorted into two categories or domains, positive and negative influences of the movement. Patterns and themes were noted and data were clustered by conceptual grouping (e.g. all items related to work, all items related to gender roles, all items related to relationships, all items related to family, etc.). Groups of response were then compared and contrasted with each other. This procedure was repeated numerous times with stacks of cards being reconfigured as we searched for intervening variables, noted the relationships between

variables, and settled on three general categories into which the particulars had been subsumed, work relationships, and role identity. For example, for the adult cohort members, all positives identified were related in that they reflected changes in the work environment. Responses describing these changes were of two types, a disputation of the need for *macho* behaviors for career success and an increased value placed on characteristics such as nurturance and support in the workplace, expressed by both men and women.

There are numerous computer programs which can be used to aid in this sorting and clustering procedure as well as other mechanical methods. Certainly there are advantages such as speed in sorting. We preferred examining all of the responses at one time, spread out over the surface of a large table. This enabled us to physically move a card to another category the instant we recognized the need to do so (these methods were consistent with those described by Spradley, 1980; Bogdan & Biklin, 1982; Weiss, 1994; Huberman & Miles, 1995).

Following the analysis of written data, hypotheses were generated about the ways in which members of each cohort had been affected by the women's movement. Questions were developed for a semistructured interview, to clarify or confirm hypotheses. Expanded field notes from the interviews including verbatim responses of participants and interviewer comments regarding possible meaning, were transferred to cards and examined in the same way as written responses to the open-ended questionnaire data. We identified themes or patterns which were then classified according to existing schema, or, when necessary, by the creation of new categories. The results and discussion which follow are based on the reduction and analysis of both written and interview data coupled with referent constructs in the literature which support the conclusions drawn. It is important to note that the results are not generalizable to other groups. Instead, we propose the following as a beginning point for our understanding of the significance of this social-historical event in the lives of men.

Results

Adult cohort

The time during which the women's movement occurred coincided with this cohorts developmental stage of intimacy and distanciation vs. self absorption (Erikson, 1959). Successful resolution of the major task of this stage, intimacy, depends upon having reasonably well-established identities. Cohort members formed their identities during a time of prosperity and domesticity with clear- cut roles for both men and women (Segal, 1991). Guardo (1982) has described this generation as being establishment- oriented, following the then prevailing norms and values.

The adult cohort credited the movement with the large scale, post World War II, entry of women into the workplace. They identified a positive job-related outcome as the disputation of the need for behaviors stereotypically labeled macho

to be necessary for performance of certain jobs. As one participant said, "There aren't as many men swaggering around trying to be John Wayne." Another stated that women's success in the field "...held the macho requirement up as phony, less swaggering."

This decreased emphasis on traditional masculine behavior was accompanied by an increased value on the traits or characteristics stereotypically ascribed to females. Participants linked a newfound freedom to express themselves more fully to the changes women brought to their work environment. As one respondent stated, the "Ability to express more traditionally identified feminine traits (supporting, nurturing)" was a positive outcome of the women's movement. Another described the work environment as"...safer, more acceptable to express warmth and sensitivity that it was a decade ago."

On the other hand, outcomes associated with the entry of women into the workplace were linked to a perception that gains made by women resulted in a corresponding loss of power and prestige for men, including loss of control of resources and social institutions (Kahn, 1984; Steinmann & Fox, 1974). For example, affirmative action has been experienced by this cohort in a variety of ways, including that "...there are a limited number of jobs available, there are fewer jobs for men." One man stated that he had "...lost several jobs to women," and that he had been told explicitly by department chairs that "We like you, we like your work, but we have to hire a woman."

More importantly, the men expressed resentment at being forced to justify hiring decisions. "You have to document how many women and minorities you interview and what extra measures you take to get women and other minorities." A representative comment made by a member of an all-male academic department stated,

> I have colleagues who object to being told that they must hire a female or they must hire a black. For most of them, though I'm not sure it's true for a couple, they don't like being told they have to. They want to hire based on performance. Don't they have adequate judgement in hiring? Most cases they object to the imposition.

It appeared that the members of this cohort believed they had paid a price for women's economic gains. While they viewed the entry of women into the workplace as positive, they resented the manner by which this was accomplished. Changes in the workplace had been imposed upon them through legislation. Regardless of how women got there, members of this cohort seemed to have reconceptualized their views of the role-related behaviors of men and women based on their direct experiences with women in the workplace.

Adolescent cohort

In order to resolve the crisis of identity vs identity diffusion, individuals must achieve a sense of inner sameness or consistency (Erikson, 1959). Members of this

cohort formed worldviews during the late 1940s and early 1950s when traditional family roles were valued. However, the cohort entered the stage of adolescence and identity formation during a period of social activism which included the civil rights movement, the women's movement, and the war in Vietnam. This has been described as a transition period during which individuals began to question the basic meaning of life, liberty, and the pursuit of happiness (Guardo, 1982). As one participant stated, "The war was going on and that became important. Personal freedom was important." It is possible that these values, espoused by both men and women, were inconsistent with worldviews which had been formed based on their early family experiences.

This cohort indicated that it had experienced significant changes in the area of relationships due to revised expectations for both men and women. Descriptions of the ways in which men's perceptions of women had changed dealt with viewing women as individuals, and was expressed by one respondent as having a greater ". . . awareness of women's potential." Another stated that the women's movement "Made me aware of the validity of women as individuals and as viable persons as differentiated from men." Such perceptual shifts led to having women as friends. A "wider circle of friends," and having "Women as friends without sexual connotations" were opportunities valued by this cohort. The men indicated that their own role expectations had been revised as well. One member of the cohort cited the decreased ". . . emphasis on the macho characteristics for men. It is easier to be a caring and sensitive male now." This has led to ". . . liberation from male role stereotypes " as well as freedom to hold a "non-sexist view of women " and "not stereotyping."

In contrast to the adult cohort, these men extended positive outcomes to include ways in which the movement had affected their families. These benefits were viewed as positive outcomes for themselves as well as for their wives and daughters. Members described a general increase in the ". . . opportunities for my wife in her profession " and increased opportunities for daughters. One respondent reflected, "My daughter will have more opportunities, careers, lifestyles available to her." Another said, the women's movement "Made me happier with my wife--allowed her (maybe) to more easily assert herself." One respondent stated that the movement had "Probably resulted in my being more involved with my children."

A negative outcome associated with less stereotypical gender roles was that ways of relating to women were no longer predictable. The ambiguity has led to confusion, misinterpretation, and, at times, conflict between the sexes. Part of this confusion was attributed to "Radical feminists who can interpret anything as anti-woman." One respondent reported having ". . . been verbally criticized frequently for attitudes and use of language which has alienated me towards the women's movement." Also, women were described as using the women's movement ". . . as an opportunity to exhibit aggressive personality traits." It was further stated that "Some feminists are insensitive to their own sexism and female chauvinism."

Members of this cohort perceived that some women were now behaving in ways that were oppressive and hostile, committing the same injustices of which men had been previously accused.

In summary, the major emphasis was cohort members' views of and relationships with women. They described changes in role identity as an aspect of increased personal autonomy. They felt free to interact with their children and to let go of some of the stereotypic roles traditionally held by men. We hypothesize that this cohort incorporated the ideal of personal freedom for all into their identities, signaling an expansion of the traditional family roles with which they had been reared.

Childhood cohort

This cohort experienced the women's movement during its childhood, a time during which the worldview is formed. This cohort's worldview, although formed during the early stages of the movement, was heavily influenced by traditional values. More women were working, but they had entered the workforce to help the family, not to compete with men or to achieve economic independence (Chafe, 1983). As the cohort aged, its members were exposed to more nonstereotypical learning materials which included girls and minorities as principal characters. Further, affirmative action practices in hiring had been implemented and vocational education had taken the lead in recruiting women into jobs traditionally held by men.

In comparison to the other groups, no reformulation of gender roles was necessary. Platonic relationships with women, both in and out of the workplace, seemed to be quite natural. Comments such as, "I find it easier to work with women as students, co-workers, etc.," and "Women like me more. I think they perceive me as genuine and caring more than in the past" were representative of this idea. One participant said that he was now "More aware of the feelings and needs of the opposite sex." Another stated that he was "Looking closer at how my actions affect others (men and women)."

Similar to the other two groups, these men also seemed to feel liberated from traditional male roles. One man described the movement as ". . . a consciousness raising experience for men as well as women. I now feel comfortable being myself." Another stated, "I believe that this movement has indirectly and directly enabled men to have more sex role freedom."

This cohort described negative outcomes in terms of occupational stress resulting from increased competition from women entering the work force. While they were able to identify women's qualifications and competencies, they still expressed concerns about increased competition. For example, "Many men have told me that when you are looking for a job, women have a better chance of being hired than men." Another said, "They're better at jobs, the threat is that there are more people to take over."

Another negative outcome identified was strain in interpersonal relationships. Members suggested that it was "Hard to figure out romance." The cohort attributed difficulties in relationships to "Increased ambiguity with regard to interpersonal behavior and roles." These men could belong to a group described by Franklin (1984) as anomic, not knowing what is expected of them nor how to behave with women. The cohort further attributed strained relationships to hostility toward men expressed by some women. They referred to an ". . . antagonism toward males in general," and to women who ". . . assume that I, as a man, must be an oppressor." Growing up during a time in which equality was mandated sent conflicting messages to the cohort. While society was responding to the demands of women for equal access, there was a corresponding loss of male power and prestige (Steinman & Fox, 1974).

We hypothesized areas of consideration for the childhood cohort to be the formulation of role definitions for both themselves and for women. The effect of these changing roles was experienced in both their personal relationships and those developed in the workplace. This emphasis was not surprising as the members of this cohort were mostly unmarried and between the ages of 26 and 32 years, working on their current developmental task, intimacy. This may explain why this cohort, in comparison to the other groups, discussed the effect of the movement so strongly in terms of women's expectations for them.

Conclusions

The principal positive and negative outcomes for men in all three cohorts seemed to be in the areas of relationships with women and the large scale entry of women into the workforce. There were, however, some subtle differences between groups with regard to these two issues. For the adults, the most negative outcome of the movement was feeling forced to hire women through political pressure rather than based on their judgement of performance and merit. Any dissonance experienced by members of this cohort who had not hired women previously, believing that women were less able to perform certain jobs, may have been ameliorated by the perception of coercion. The parents' values of work leading to rewards, and education to upward mobility, were assimilated by this cohort. Their emphasis on the workplace and changes there indicated that they had incorporated the provider role, a dominant facet of masculinity, during their adolescence and adulthood (Franklin, 1984; O'Neil & Egan, 1992b) into their identities.

For a long time, traditional masculine values have been held as ideal, leading to normal healthy development in men (Scher, 1981; Gilbert, 1992). This masculine mystique has been based on several assumptions (O'Neil, 1981; Good, Dell, & Mintz, 1989; Gilmore, 1990; Gilbert, 1992;O'Neil & Egan, 1992a), one of which is that essential to proving masculinity are power, dominance, control, and competition, while vulnerableness and emotionality are feminine and to be avoided. Considering the historical evidence, Kimmel (1987) suggested that

definitions of masculinity were reactive to changing definitions of femininity. Women who were changing caused men to reevaluate their beliefs, commitments, and values (Scher, 1981; Doyle, 1989; Clatterbaugh,1990; Baslow, 1992). The result of this reevaluation for the adult cohort seemed to be the freedom to express themselves in a more nurturing and caring way than they had previously found was acceptable.

The adolescents also viewed affirmative action negatively, not from being told what to do or whom to hire as the adult cohort had been, but because companies had to hire women who were not perceived to be more qualified for the jobs. The childhood cohort expressed concern about decreased opportunities for them due to competition. Namely, that women with whom they will be competing for jobs are as competent and prepared as they.

Many members of the adolescent cohort, upon examination of their values in light of the quest by women and others for equal opportunity, seemed to have incorporated the ideals of personal freedom and equality into their identities. Positive outcomes for this cohort were described in terms of their increased values on family participation and an examination of their own roles as well as those of women.

All three cohorts agreed that the increased opportunities for interacting with women in the workplace resulted in discovering new ways of relating to women and to each other. For the adults, this took the form of new professional relationships based on cooperation rather than competition. The adolescents describe these benefits in more personal terms. Opportunities to form friendships with women, as well as the new options available to their wives and daughters, were cited as positive outcomes for them. The childhood cohort indicated that women liked them and attributed their success in forming friendships to freedom from the stereotypical sex roles previously assigned to men. Unfortunately, this cohort also experienced increased confusion in the area of intimate relationships. The lack of role consistency for both genders led to uncertainty about the expectations held by women for this cohort. They expressed uncertainty about how they were supposed to behave. This was not surprising since their role models for relationships were far more traditional than the ones they were attempting to develop. While satisfying personal and professional relationships were cited by all three groups, they also believed that the movement had led to conflicts between men and women. They described some women as holding views based on stereotypes of all men as oppressors. These views have led some women to express hostility even toward men who valued personal freedom and championed equal rights. Men in all three groups expressed disappointment regarding this phenomenon.

The individual's experience of social history, one of the most neglected facts in development, is an important aspect of the environment (Elder, 1981). Individual development actually occurs across two levels of time, developmental

and historical (Dunham & Bengston, 1986). Their intersection influences how an individual views social issues. Consequently, research regarding social-historical or sociopolitical events must include the developmental context in which the event occurs for participants. As counselors, our emphasis on development is often cited as that which separates us from other helping professionals. An examination of the social history of our clients, including how their individual development has been influenced, can be crucial to understanding the meaning they attach to current situations and events.

References

Basiow, S. A. (1992). *Gender stereotypes* and roles (3rd ed). Brooks/Cole: Pacific Grove. CA.

Bogdan, R. C. , & Biklin, S. K. (1982). *Qualitative research for education: An introduction to theory and methods.* Boston, MA:Allyn and Bacon.

Buss, A. R. (1979). Dialectics, history, and development. In P. B. Baltes, & O. G. Brim (Eds.), *Life span development and behavior* (Vol. 2, p. 313-332). New York: Academic Press.

Chafe, W. H. (1977). *Women and equality: Changing patterns in American culture.* New York: Oxford University Press.

Chafe, W. H. (1983). The challenge of sex equality: Old values revisited or a new culture? In M. Horner, C. C. Nadelson, & M. T. Notman (Eds.), *The challenge of change: Perspectives on family, work, and education* (pp. 22-38). New York: Plenum Press.

Clatterbaugh, K. (1990). *Contemporary perspectives on masculinity: Men, women, and politics in modern society.* Boulder, CO: 997 Westview Press.

Cumming, J., & Cumming, E. (1962). *Ego and milieu.* New York: Atherton Press.

Danish, S. J. , Smymer, M. A. , & Nowak, C. A. (1980). Developmental intervention: Enhancing life events processes. In P. B. Baltes, & O. G. Brim (Eds.), *Life span development and behavior* (vol. 3, pp. 340-366). New York: Academic Press.

Doyle, J. (1989). *The male experience* (2nd ed). Dubuque, IA: William C. Brown.

Dunham, C. C. , & Bengston, V. L. (1986). Conceptual and theoretical perspectives on generational relations. In N. Y. Datan, A. Greene, & H. W. Reese (Eds.), *Life-span developmental psychology* (pp. 1-27). Hillside, NJ: Lawrence Erlbaum.

Elder, G. H. (1981). Social history and life experience. In D. H. Eichorn, J. A. Clausen, N. Haan, M. P. Honzig, & P. H. Mussen (Eds.), *Present and past in mid-life* (pp 1-32). New York: Academic Press.

Erikson, E. (1980). *Identity and the life cycle* (2nd printing). New York: W. W. Norton.

Erikson, E. (1975). *Life history and the historical moment*. New York: W. W. Norton.

Erikson, E. (1959). *Identity [illegible] the life cycle*. New York: International Universities Press.

Franklin, C. W., II. (1984). *The changing definition of masculinity*. New York: Plenum Press.

Gilbert, L. A. (1992). Gender and counseling psychology: Current knowledge and directions for research and social action. In Brown, S. D. and Lent, R. W. (Eds.). *Handbook of Counseling* (2nd ed., pp. 383-416). New York: John Wiley and Sons

Gilmore, D. D. (1990). *Manhood in the making: Cultural concepts of masculinity*. New Haven, CT: Yale University Press.

Good, G. E., Dell, D. M. & Mintz, L. B. (1989). Male role and gender role conflict: Relations to help seeking in men. *Journal of Counseling Psychology, 36*, 295-300.

Guardo, C. J. (1982). Student generations and value change. *The Personnel and Guidance Journal, 60*, 500-503.

Huberman, A. M., & Miles, M. B. (1994). Data management and analysis methods. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 428-444). Thousand Oaks, CA: Sage.

Kahn, A. (1984). The power war: Male response to power loss under equality. *Psychology of Women Quarterly, 8*, 234-237.

Kimmel, M. S. (1987). The contemporary crisis of masculinity in historical perspective. In H. Brod (Ed.), *The making of masculinity: The new men's studies* (pp. 121-154). Boston: Allen & Unwin

Neugarten, B. L. (1976). Adaptation and the life cycle. *The Counseling Psychologist, 6*, 16-20.

O'Neil, J. M. (1981). Patterns of gender role conflict and strain: Sexism and fear of femininity in men's lives. *The Personnel and Guidance Journal, 6?*, 203-210.

O'Neil, J. M. & Egan, J. (1992a). Men's and women's gender role journey's: Metaphor for healing, transition, and transformation. In B. Wainrib (Ed.), *Gender issues across the life cycle* (pp. 107-123). New York: Springer.

O'Neil, J. M. & Egan, J. (1992b). Men's gender role transitions over the life span: Transformations and fears of femininity. *Journal of Mental Health Counseling, 14*, 305-324.

Scher, M. (1981). Men in hidin[illegible]: A challenge for the counselor. *The Personnel and guidance Journal, 60*, 199-202.

Seidler, V. J. (1991). *Recreating sexual politics: Men feminism, and politics*. London: Routledge.

Segal, L. (1991). *Slow motion: Changing masculinities, changing men*. New Brunswick, N.J.: Rutgers University.

Shapiro, B. M. , & Shapiro, E. (Eds.). (1979). *The women say the men say.* New York: Delta.

Spradley, J. P. (1980). *Participant observation.* New York: Holt, Rinehart, and Winston.

Steinmann, A. , & Fox, D. J. (1974). *The male dilemma.* New York: Jason Aronson.

Stewart, A. J. , & Healy, J. M. (1989). Linking individual development and social changes. *American Psychologist, 44,* 30-42.

Stewart, A. J. , Likes, W. , & LaFrance, M. (1982). Educated women's career patterns: Separating social and developmental changes. *Journal of Social Issues, 38,* 97-117.

Weiss, R. S. (1994) *Learning from strangers: The art and method of qualitative interview studies.* New York: Free Press.

Debra C. Cobia, Associate Professor, Counseling and Counseling Psychology, 2084 Haley Center, Auburn University, Alabama, 36849.

Jamie S. Carney, Assistant Professor, Counseling and Counseling Psychology, 2084 Haley Center, Auburn University, Alabama 36489

PREDICTORS OF ORGANIZATIONAL COMMITMENT AMONG ALABAMA'S PUBLIC AGENCY REHABILITATION COUNSELORS

Jamie Satcher
University of Alabama
and
Marcheta McGhee
Auburn University at Montgomery

Abstract *This study examined the affective, normative, and continuance commitment levels of 87 public agency rehabilitation counselors in Alabama. Stepwise multiple regression analyses indicated that conscientiousness was a significant positive predictor of affective and normative commitment. Initiative and cooperation were significant positive predictors of affective commitment. Recommendations are made for rewarding behaviors which relate to affective and normative commitment.*

Introduction

Organizational commitment refers to the strength of an individual's identification with and involvement in an organization, typically an organization for which the person works (Steers, 1977). According to Randall, Fedor, and Longenecker (1990) it is assumed that higher levels of organizational commitment are reflected in positive work behaviors and attitudes and result in increased organizational effectiveness.

Morrow (1983) identified over 25 instruments designed to measure organizational commitment. Meyer and Allen (1987) reviewed these instruments and determined that they reflected three primary conceptualizations of organizational commitment: (a) emotional attachment to an organization, (b) the perceived costs of leaving an organization, and (c) a moral obligation to continue working for an organization.

The emotional attachment (affective) conceptualization is based on a belief that the commitment an individual feels for his or her organization is characterized by (a) a strong belief in and acceptance of the organization's goals and values, (b) a willingness to exert considerable effort on behalf of the organization, and (c) a strong desire to maintain membership in the organization (Porter, Steers, Mowday, & Boulian, 1974).

The continuance conceptualization of organizational commitment is associated with the costs that an individual perceives when faced with leaving an organization. This conceptualization is characterized by the exertion of effort on behalf of the organization to gain rewards or minimize costs. Randall, Fedor, and

Longenecker (1990) reported that individuals exerting effort from the continuance conceptualization do so because they view the negative consequences (e.g., loss of job, loss of benefits, etc.) of not doing so as too high.

The normative conceptualization of organizational commitment refers to an individual's sense of obligation toward the organization. This conceptualization is characterized by the exertion of effort out of feelings of loyalty: Productivity is the right and moral thing to do (Wiener, 1982).

According to Meyer and Allen (1987; 1991) and Meyer, Allen, and Smith (1993) these different conceptualizations of organizational commitment should not be considered as types of commitment. Rather, they should be viewed as components (or dimensions) of organizational commitment. An individual can concurrently experience all three components to varying degrees. Individuals operating primarily from the affective component of commitment expend energy on behalf of the organization because they *want to*. Those who operate primarily from the normative component expend energy on behalf of the organization because they *should*. Those who operate primarily from the continuance component expend energy on behalf of the organization because they feel they *need to* (Allen & Meyer, 1990).

Antecedents of Organizational Commitment

The study of organizational commitment has received much attention in the business literature, particularly its antecedents and consequences, with affective commitment being the most widely studied. Age, gender, education (Glisson & Durick, 1988; Morrow & McElroy, 1987; Mottaz, 1988; Pierce & Dunham, 1987), locus of control (Luthans, Baack, & Taylor, 1987), reward equity, supervisor consideration, and perceived organizational support have been linked to affective commitment (Allen & Meyer, 1990; Decotiis & Summers, 1987; Eisenberger, Fasalo, & Davis-LaMastro, 1990).

Age and tenure have been negatively correlated with continuance commitment, although not consistently (Meyer & Allen, 1990). The antecedents of normative commitment are currently theoretical, rather than empirical. Presumed antecedents are familial, cultural, and organizational socialization which stresses loyalty to the organization (Meyer & Allen, 1991).

Consequences of Organizational Commitment

Many studies have examined the consequences of affective organizational commitment. Turnover and tardiness have been negatively correlated with higher levels of affective commitment (Angle & Perry, 1981; Mathieu & Zajac, 1990; Steers, 1977). Affective organizational commitment has been positively correlated with attendance (Mathieu & Zajac, 1990), quantity of work (Steers, 1977), and promotion readiness (Steers, 1977).

Meyer, Paunonen, Gallatly, Goffin, and Jackson (1989) found that levels of work performance were positively correlated with affective commitment and negatively correlated with continuance commitment. Randall, Fedor, and Longenecker (1990) found that work quality, sacrifice, and sharing behaviors were positive outcomes of normative and affective commitment.

No studies of organizational commitment among rehabilitation counselors in the United States have been published. Biggs, Flett, Voges, and Alpass (1995) studied organizational commitment among rehabilitation counselors in New Zealand and found that organizational commitment was a significant contributor to job satisfaction. The purpose of the current study was to assess levels of affective, normative, and continuance commitment among public agency rehabilitation counselors in Alabama.

Method

Participants

The participants in this study were rehabilitation counselors working for the public (state federal) rehabilitation agency in Alabama. The counselors (n 151) were mailed a survey instrument and cover letter assuring them of the confidentiality of their individual responses. Of 151 counselors surveyed, 87 returned usable instruments for a response rate of 58%.

The counselors ranged in age from 25 to 66 years (M 43). They ranged in years having worked as a rehabilitation counselor in Alabama from three months to 28 years (M 10). The majority (72%) reported having master's degrees or higher. A minority (21%) indicated that they were Certified Rehabilitation Counselors.

Research Questions

The following questions guided the research process:

1. What are the affective, normative, and continuance commitment levels of Alabama's public rehabilitation counselors toward the agency in which they work?
2. Can Alabama's public agency rehabilitation counselors' affective, normative, and continuance commitment be predicted using the following variables: (a) age, (b) years worked as a counselor with the agency, (c) status as a Certified Rehabilitation Counselor, (d) education, (e) conscientiousness, (f) initiative, (g) cooperation, and (h) attendance-punctuality?

Instrumentation

Organizational commitment was measured using an adapted version of the Organizational Commitment Scales developed by Allen and Meyer (1990). This instrument has 24 items designed to measure affective, normative, and

continuance commitment (see Table 1). Participants are asked to respond to each item using a Likert-type scale ranging from 1 = *strongly disagree* to 7 = *strongly agree*.

Previous researchers using these scales have found reliability coefficients ranging from .74 - .89 for Affective Scale, .69 - .84 for Continuance Scale, and .69 - .79 for Normative Scale (Allen & Meyer, 1990). For the current study, the wording of items was changed to reflect an agency rather than business orientation. Reliability coefficients of the adapted instrument from a national study of rehabilitation counselors (Satcher & McGhee, 1995) were as follows: Affective, .66; Continuance, .75; Normative, .70.

The protocol for identifying the behaviors studied followed that of Randall, Fedor, and Longenecker (1990) who examined the behavioral consequences of organizational commitment among employees in a manufacturing plant in the Midwest. A national sample of rehabilitation counselors was given a list of 15 work behaviors and was asked to respond to each work behavior using a scale ranging from 1 = *strongly disagree* to 5 = *strongly agree*. The responses were then subjected to factor analysis with varimax rotation to identify work behavior groupings. Only those behaviors with a factor loading of .60 or higher were included in each group. Work behavior groupings based on the national study by Satcher and McGhee (1995) are reported in Table 2.

Results

The first research question was answered by examining the mean scores of the participants. The range of possible scores for each component of organizational commitment was from 8 to 56. As a group, Alabama's public agency rehabilitation counselors' primary commitment was affective (M = 37.57, SD = 7.49) followed by continuance (M = 36.95, SD = 8.98) and normative (M = 35.56, SD = 7.52).

The second research question was answered using stepwise multiple regression analysis for each of the components of commitment. Table 3 shows the significant findings of these analyses. As a set, conscientious and cooperation accounted for 28% of the variance associated with affective commitment. As cooperation and conscientious increased, so did affective commitment. Conscientiousness was also predictive of normative commitment accounting for 13% of the variance associated with this component. As conscientiousness increased, so did normative commitmen. No variables were predictive of continuance commitment.

Discussion

While mean differences are negligible, the overall patterns of commitment indicate that Alabama's public rehabilitation counselors who responded to the survey operate primarily from the affective component of organizational commitment. This component has been linked to superior work performance

TABLE 1. Organizational Commitment Scales

Scale Item
Affective Commitment
I would be very happy to spend the rest of my career with this agency
I enjoy discussing my agency with people outside of it
I really feel as if this agency's problems are my own
I think I could easily become as attached to another agency as I am to this one *
I do not feel like "part of the family" at my agency *
I do not feel "emotionally attached" to this agency *
This agency has a great deal of personal meaning for me
I do not feel a strong sense of belonging to my agency *
Normative Commitment
I think that people these days move from company to company too often
I do not believe that a person must always be loyal to his or her organization *
Jumping from organization to organization does not seem at all unethical to me*
One of the major reasons why I continue to work for this agency is that I believe loyalty is important and therefore feel a sense of moral obligation to remain
If I got another offer for a better job elsewhere, I would not feel it was right to leave my agency
I was taught to believe in the value of remaining loyal to one organization
Things were better in the days when people stayed with one organization for most of their careers
I do not think that wanting to be a "company man" or "company woman" is sensible anymore *
Continuance Commitment
I am not afraid of what might happen if I quit my job without having another one lined up *
It would be very hard for me to leave my agency right now, even if I wanted to
Too much in my life would be disrupted if I decided to leave my agency right now
It would not be too costly for me to leave my agency in the near future *
Right now, staying with my agency is a matter of necessity as much as desire
I feel that I have too few options to consider leaving my agency
One of the few negative consequences of leaving this agency would be the scarcity of available alternatives
One of the major reasons why I continue to work for this agency is that leaving would require considerable personal sacrifice-another organization may not match the overall benefits here

*Denotes items reversed for scoring

Note: Adapted from "The measurement and antecedents of affective, continuance and normative commitment to the organization" by N.J. Allen and J.P. Meyer, 1990, *Journal of Occupational Psychology, 63*, pp. 1-18. Used with permission of author.

TABLE 2. WORK BEHAVIOR GROUPINGS

Group	*Work behavior*
1: Conscientiousness	I pay attention to details at work
	I do my work thoroughly and completely
	I have a concern for quality
2: Initiative	I am willing to volunteer for tasks
	I give personal time to the agency
	I show enthusiasm about my work
	I am willing to take on extra responsibility
3. Cooperation	I share knowledge and information with others
	I offer work suggestions to others
4: Attendance Punctuality	I am late for work
	I am absent from work

TABLE 3. REGRESSION ANALYSES: AFFECTIVE AND NORMATIVE COMMITMENT SCALES

Variable	*B*	*SE B*	*Beta*	*T*
	Affective Commitment			
Conscientiousness	4.33	1.07	.40	4.04**
Cooperation	1.71	.68	.25	2.50*
	Normative Commitment			
Conscientiousness	3.97	1.17	.36	3.38**

*p < .05; **p < .01

Note. No variables were predictive of continuance commitment

(Meyer et al. 1989). Work behaviors were more strongly linked to affective and normative commitment than demographic variables.

The overall higher level of affective commitment found among the counselors supports a view that Alabama's public rehabilitation administration is effectively enhancing and rewarding those behaviors which are associated with affective and normative commitment. To further increase affective and normative commitment, Alabama's public rehabilitation agency's administrators may wish to develop ways to enhance and reward those behaviors predictive of these components. Emener and Stephens (1982) and Kelley and Satcher (1992) recommended such activities

as acknowledging accomplishment at staff meetings, giving regular feedback, writing letters of commendation, and showing praise for how counselors handle the routine aspects of their jobs.

Summary

Affective and normative commitment correlate with high levels of work performance. Continuance commitment correlates with lower levels of work performance. Alabama's public rehabilitation counselors appear to work primarily from an affective component of organizational commitment which may have positive implications for client service delivery. It is recommended that Alabama's public rehabilitation administrators continue to seek new ways to reinforce and reward work behaviors, particulary cooperation and conscientious, which are predictive of affective and normative commitment.

References

Allen, N. J., & Meyer, J. P. (1990). The measurement and antecedents of affective, continuance, and normative commitment to the organization. *Journal of Occupational Psychology, 63,* 1-18.

Angle, H., & Perry, J. (1981). An empirical assessment of organizational commitment and organizational effectiveness. *Administrative Science Quarterly, 26,* 1-14.

Biggs, H., Flett, R., Voges, K., & Alpass, F. (1995). Job satisfaction and distress in rehabilitation professionals: The role of organizational commitment and conflict. *Journal of Applied Rehabilitation Counseling, 26,* 41-46.

DeCotiis, T. A., & Summers, T. P. (1987). A path analysis of the antecedents and consequences of organizational commitment. *Human Relations, 40,* 445-470.

Eisenberger, R., Fasalo, P., & Davis-LaMastro, V. (1990). Perceived organizational support and employee diligence, commitment, and innovation. *Journal of Applied Psychology, 75,* 51-59.

Emener, W. G., & Stephens, J. T. (1982). Improving quality of working life in a changing (rehabilitation) environment. *Journal of Rehabilitation Administration, 6,* 114-124.

Glisson, C., Durick, M. (1988). Predictors of job satisfaction and organizational commitment in human service organizations. *Administrative Science Quarterly, 33,* 61-81.

Kelley, S. D. M., & Satcher, J. (1992). An organizational support model for rehabilitation agencies. *Journal of Rehabilitation Administration, 16,* 117-121.

Luthans, F., Baack, D., & Taylor, L. (1987). Organizational commitment: Analysis and antecedents. *Human Relations, 40,* 219-236.

Mathieu, J. E., & Zajac, D. M. (1990). A review and meta-analysis of the antecedents, correlates, and consequences of organizational commitment. *Psychological Bulletin, 108,* 171-194.

Meyer, J. P., & Allen, N. J. (1987). Organizational commitment: Toward a three-component model. (Research Bulletin No. 660). London, Ontario, Canada: Department of Psychology, University of Western Ontario.

Meyer, J. P., & Allen, N. J. (1991). A three-component conceptualization of organizational commitment. *Human Resource Management Review, 1,* 61-89.

Meyer, J. P., Allen, N. J., & Smith, C. A. (1993). Commitment to organizations and occupations: Extension and test of a three-component conceptualizatio- *Journal of Applied Psychology, 78,* 538-551.

Meyer, J. P., Paunonen, S. V., Gallataly, I. R., Goffin, R. D., & Jackson, D. N. (1989). Organizational commitment and job performance: It's the nature of the commitment that counts. *Journal of Applied Psychology, 74,* 152-156.

Morrow, P. C. (1983). Concept redundancy in organizational research: The case of work commitment. *Academy of Management Review, 8,* 486-500.

Morrow, P. C., & McElroy, J. C. (1987). Work commitment and job satisfaction over three career stages. *Journal of Vocation- -ehavior, 30,* 330-346.

Mottaz, C. J. (1988). Determinants of organizatio-al commitment. *Human Relations, 41,* 467-482.

Pierce, J. L., & Dunham, R. B. (1987). Organizational commitment. Preemployment propensity and initial work experiences. *Journal of Management, 13,* 163-178.

Porter, L. W., Steers, R. M., Mowday, R. T., & Boulian, P. V. (1974). Organizational commitment, job satisfaction, and turnover among psychiatric technicians. *Journal of Applied Psychology, 59,* 603-609.

Randall, D. M., Fedor, D. B., & Longenecker, C. O. (1990). The behavioral expression of organizational commitment. *Journal of Vocational Behavior, 36,* 210-244.

Satcher, J. F., & McGhee M. (1995, March). *Predictors of job satisfaction and organizational commitment among public-sector rehabilitation cou- -ors.* Paper presented at the National Rehabilitation Counseling Association 12th Annual Professional Development Symposium, Tucson, AZ.

Steers, R. M. (1977). Antecedents and outcomes or organizational commitment. *Administrative Science Quarterly, 22,* 46-56.

Wiener, Y. (1982). Commitment in organizations: A normative view. *Academy of Management Review, 7,* 418-428.

Jamie Satcher, Ph.D., CRC Associate Professor Rehabilitation Counselor Education, The University of Alabama, Box 870231, Tuscaloosa, Alabama, 35487-0231

Marcheta McGhee Ph.D., LPC, NCC Assistant Professor, Counseling, Leadership, and Special Auburn University at Montgomery 7300 University Drive Montgomery, Al. 36117-3596

THE NAMELESS GRIEF

Lois Casden Meadows
Auburn University at Montgomery

Abstract. *There is no neat category for the grief survivors of traumatic sudden death experience. Reactions of shock, disbelief, and denial are accentuated, thereby potentially altering the initial stage of grief. Writing a poem is a way to access the feelings of outrage and horror that make recovery possible*

What terrible entity
Filled my mind's eye?
What blinded me
To the terror before me?
What stayed my hand
From embracing my loved friend?
I left her side
To talk with the evil one.
Now my tears fall
Unbidden at the picture
My mind sees of
The crouched terror before me.
Call 911!
A life is lost, a soul left
In agony.
I hear a tormented scream.
And my dear friend
Now lies weeping in my arms.
While sorrow grows
In the heart and soul of me.

Lois C. Meadows, EdS, RN, CS, LPC, Auburn University at Montgomery, School of Nursing, 318 Moore Hall, 7300 University Drive, Montgomery, Alabama 36117-3596

Guidelines for Authors

Manuscripts will be acknowledged on receipt by the Editor, who then sends them out for anonymous review. Final decisions regarding content and publication are made by the Editor. Generally, authors will receive a decision regarding a manuscript within 3 months of the acknowledgment of receipt. On publication, authors receive one (1) copy of *AJCAJ*.

Manuscript Categories

The *AJCAJ* accepts manuscripts in the following categories:

1. **Full Length Articles.** These manuscripts discuss original research or current issues. They will be 15 to 30 pages in length including references, tables, and figures.

2. **Practice Articles.** These manuscripts report or describe new practices, programs or techniques and relate to theory by citing appropriate literature. They will be 10 to 15 pages in length including references, tables, and figures.

3. **Article Critiques.** These manuscripts critically comment on articles previously published in *AJCAJ*. They will be 10 to 15 pages in length including references, tables, and figures.

4. **Reviews of Books or Media.** These manuscripts review printed and electronic media available for use in counseling. They will be up to 5 pages including references.

Typing and Other Requirements

The *AJCAJ* accepts manuscripts that conform to style conventions of the *Publication Manual of the American Psychological Association*, Fourth Edition. (Ordering information can be obtained from American Psychological Association [APA], 750 First Street NE, Washington, DC 20002-4242.)

1. The manuscript should conform to APA style of double-spaced 10 or 12 point font with one (1") inch margins on all sides typed/printed on 8.5" X 11" paper.

2. The manuscript must include a cover page containing the name of each author, his/her current position, work address and telephone numbers.

3. The manuscript must include a cover letter that explicitly states that the manuscript have not been published previously or is under consideration by another periodical.

4. The manuscript must include an abstract of 75 words or less on a separate page.

5. The manuscript should use tables and figures sparingly. Tables should include only essential data and be combined whenever possible. Data columns within tables should be separated with a single tab. Tables and figures must be submitted one per page in camera-ready format.

6. Do not use footnotes, instead incorporate footnotes into text or into author biographical information.

7. Lengthy quotations (generally 500 cumulative words or more from one source) and adaptations of tables and figures require written permission from the copyright holder. Authors must provide a copy of the written permission to the Editor immediately upon acceptance of the manuscript for publication.

8. Authors bear full responsibility for the accuracy of references, quotations, tables, figures and overall content. Authors are responsible for providing complete references. Manuscripts with incomplete references will not be published.

9. Submit an original and three copies of the manuscript to R. Joel Farrell, II, *AJCAJ* Editor, 617 Shawnee Street, Auburn, AL 36830. A file copy of the manuscript should be retained by the author.

10. Manuscripts accepted for publication must be submitted in final revised form on a 3.5" IBM compatible diskette preferably in *WordPerfect* or *RTF* format is preferred. The author's name, manuscript number and the software format used must be clearly labeled on the diskette.

11. Manuscripts accepted for publication become the copyrighted property of the *AJCAJ*. The ACA retains the copyrights to the *AJCAJ* and its contents (see inside of front cover for obtaining copyright permission for *AJCAJ*).

617 Shawnee St.
Auburn, AL 36830

ALABAMA COUNSELING ASSOCIATION

Journal

Alabama Counseling Association Journal

The Alabama Counseling Association Journal (ALCAJ) is the official journal of the Alabama Counseling Association (ALCA). The *ALCAJ* is published twice a year by ALCA. *ALCAJ*'s purposes are to publish archival material and to publish other material of interest to a readership composed of counselors, counseling psychologists, counselor educators, and student personnel specialists who work in schools, colleges, universities, community agencies, government and private practice. *ALCAJ* publishes articles that integrate published research, examine professional-scientific issues, report research, and report new or innovative techniques or practices. Manuscripts are welcomed from practitioners, educators, and researchers (see inside or back cover for *Guidelines for Authors*).

Subscription: Subscriptions for non-members are available at $8.00 per issue. ALCA members receive the *ALCAJ* as a benefit of membership. Requests regarding subscriptions or memberships should be addressed to the ALCA Executive Secretary.

Change of Address: ALCA Members and nonmember subscribers should report address changes to the ALCA Executive Secretary.

Advertising: For information contact the ALCA Executive Secretary. ALCA reserves the right to edit all copy and to refuse ads that are not in consonance with the principles of ALCA. The publication of any advertisement by ALCA is not an endorsement of the advertiser, the products, the services or the claims advertised.

Staff: *Editor*: R. Joel Farrell II, Auburn, AL; *Editorial Assistant*: Randall Burton, Montgomery, AL; *Production Assistant*: Teresa Burton, Montgomery, AL.

Editorial Board: Margaret "Meg" Smith (Publications Committee Chair), Montgomery, AL; *1993-1996 Terms*: Debra Cobia (ALACES), Auburn, AL; Frank Hrabe (ALCA), Montgomery, AL; Richard Hawk (ALAMHCA), Troy, AL; *1994-1997 Terms*: Jamie S. Carney (ALASGW), Auburn, AL; Mary Duley (ALAMHCA), Jackson, AL; Ingrid Guven-Curiel (ALCDA), Sylacauga, AL; *1995-1998 Terms*: Suzanne Freyder (ALSERVE), Birmingham, AL; Nancy Behle (ALSCA), Florence, AL; Judith Harrington (ALAMHCA), Birmingham, AL; Lamie Satcher (ALDARCA), Tuscaloosa, AL.

Correspondence: Correspondence should be addressed to R. Joel Farrell II, *ALCAJ* Editor, 615 Shawnee Street, Auburn, AL 36830. Telephone: (334)-277-2277.

Alabama Counseling Association

The Alabama Counseling Association is a partnership of associations representing counselors who enhance human development. ALCA is a state branch of the American Counseling Association (ACA).

Officers: *President*: Cheri Smith-Hutzleigh, Montevallo, AL; *President-Elect*: Marcheta McGehee, Montgomery, AL; *Past-President*: Margaret "Meg" Smith, Montgomery, AL; *Secretary*: Annette Bohannon Goodwater, AL; *Treasurer*: Carol Turner, Birmingham, AL; *Historian*: Shirley Lauer Barnes, Auburn, AL; *Parliamentarian*: Willie McGaha, Jr., Birmingham, AL; *Executive Secretary*: Lynn E. "Chip" Wood, Livingston, AL.

Correspondence: Correspondence should be sent to the Lynn E. Wood, ALCA Executive Secretary, Station 36, University of West Alabama, Livingston, AL 35470. Telephone: (205)652-3523 or 1-800-621-7742 ext. 3523.

ALABAMA
COUNSELING ASSOCIATION JOURNAL

Volume 22, Number 2 Fall Winter, 1996

COMMITMENT THROUGH PROFESSIONALIZATION

The test of a first-rate intelligence is the ability to hold two opposed ideas in mind at the same time and still retain the ability to function. One should, for example, be able to see that things are hopeless and yet be determined to make them better

(F. Scott Fitzgerald as cited in Robbins, 1992, p. 140)

As counselors, we recognize immediately that the ability to see that things are hopeless and yet be determined to make them better is an everyday requirement of the profession. We recognize that we cannot instantly make the world perfect, but we work diligently to make our corner a little better. We try to brighten and improve our corner of the world in many different ways and in many different places.

As counselors, we might describe our desire to make our world better one of the core values of the profession. Our desire to make the world better creates the need and opportunity for each of us to be involved in research and publication as discussed in the last issue of the *ALCA Journal*. Our desire to make the world better can be manifested in many other ways as will be discussed in this issue.

Our desire can be shown in two key ways--commitment to our profession and commitment to our clients. This issue of the *ALCA Journal* archives those individuals who have demonstrated their commitment to our profession by volunteering to serve in various roles and capacities. Each and every one of these positions are essential for the provision of services to ALCA members from the elected officers to the committee volunteers. Although the work of these volunteers may not be perfect, they are all doing their best to improve ALCA and the profession.

This issue also archives the work of the Alabama Board of Examiners. These individuals--counselors, counselor educators, and laity--help us maintain the integrity of our profession. Each of us can demonstrate our commitment to the profession and to the Board by adhering to the letter and intent of the law, by conforming to the ethical codes, and by policing the practice of counseling. As the archival article in this issue illustrates, the practice of counseling in Alabama is not perfect, but each of us can make it better.

To improve the practice of counseling in Alabama is an appropriate professional goal for all Alabama counselors. Another appropriate goal for Alabama Counselors is to promote the profession and increase public awareness. The following is a list of 25 ideas to promote the work of counselors in Alabama.

1. You can explain patiently, simply, and consistently why you choose to be a counselor.
2. You can conduct information campaigns to educate your community about the work of counselors.

3. You can write poems, songs, or stories to bring to life the feelings and thoughts expressed by you or your clients to share with others.
4. You can raise healthy children by nurturing cognitive, emotional, social, spiritual, and vocational development.
5. You can order copies of ACA and AI CA membership materials to encourage membership among counseling colleagues.
6. You can order copies of ACA and AI CA public relations materials to promote the profession to the public.
7. You can volunteer an hour a week to a community agency or service where counselors are needed.
8. You can offer educational programs to schools, service and religious groups, health clubs, and other organizations.
9. You can encourage corporations and companies to provide for the counseling needs of employees.
10. You can contact congressional representatives and editors of relevant publications and educate them about the profession.
11. You can write television and movie producers, asking them to present accurate portrayals of counselors and their clients. You can encourage them to include counselors as service providers in scripts.
12. You can participate in national campaigns promoting awareness of the profession or of client needs.
13. You can design and display decals, bumper stickers, magnets, etc. that promote the profession.
14. You can design and wear T-shirts that promote the profession.
15. You can set up exhibits or pass out leaflets at public events, shopping malls, supermarkets, or fairs.
16. You can host a dinner or luncheon for local legislators, religious leaders, teachers, and administrators to educate them about counseling.
17. You can ask public, high school, and college libraries to set up displays featuring information and books promoting counseling and a healthy lifestyle.
18. You can arrange for, create and exhibit educational displays or banners in high-traffic public areas.
19. You can serve on committee in local, regional, state or national professional organization.
20. You can serve as an elected officer in a national, state, chapter, or divisional professional organization.
21. You can write a letter of thanks to someone who has been a model to you or has helped you move in a healthier direction.
22. You can remember that people can change. One hundred and forty years ago, slavery was legal in this country. Only seventy years ago, women could not vote.
23. You can take pride in the steps you take personally to live a healthy lifestyle and promote counseling.
24. You can refuse to be discouraged and remain optimistic.
25. You can be an encouraging force, bringing love and awareness into the lives of all you meet.

References

Robbins, J. (1992). *May all be fed: Diet for a new world*. New York: William Morrow & Company

COUNSELING GAY MEN: AN INTRODUCTION

Karla D. Carmichael
University of Alabama
and
Jamie F. Satcher
University of Alabama
and
Jeff Todd
University of Alabama

Abstract. Gay men represent a unique population for the community counselor. The focus of the article is to increase awareness and provide some solutions for the counselor working with this population.

Introduction

Often overlooked in counseling is the impact of sexual orientation on the concerns of the clients. A gay man entering counseling may have concerns in the areas of increased vulnerability and fear of disclosure in addition to his stated counseling concern. Due to the fear of rejection, the gay client will infrequently disclose his concerns about sexual orientation and how these impact his counseling concern. A counselor with an introductory knowledge of gay concerns coupled with a desire to work with this population can serve this clientele. This article provides an overview of possible types of high risk behaviors leading to referral, mental health diagnoses, developmental stages and possible interventions needed to furnish counseling to gay men.

From early childhood, gay men report a feeling of being different. Because of the social pressure to be heterosexual, the man may go through an emotionally confusing time while he decides how he wants to handle his feelings of difference. During the time of confusion men may be fearful of identifying themselves as homosexual and many may engage in high risk behaviors. High risk behaviors among gay men extend beyond sexual behavior to alcohol abuse, attempted suicides, and other self-destructive behaviors (Hall & Fradkin, 1992; Coleman, 1982). According to Hall and Fradkin (1992), the mental health community tends to overdiagnose gay men with paranoid, narcissistic, and borderline personality disorders. Although being gay may no longer be officially classified as a disease, the mental health community may still ascribe characteristics of "insecurity, withdrawal, passivity, neuroticism, strong in-group ties, acting out self-fulfilling prophecies about their inferiority, secretiveness, and self-hatred" (Hall & Fradkin, 1992, p. 366). The gay male may indeed be reluctant to disclose his sexual confusion because of the fear that he will be seen by the counselor as pathological

(Hall & Fradkin, 1992; Parker & Thompson, 1990). Prior to the coming out or public disclosure stage, the gay male may exacerbate high risk behaviors (Hall & Fradkin, 1992; Coleman, 1982).

Not all gay men may have completed the developmental stages of resolving their personal conflicts about sexual orientation. Coleman (1982) presents the premise that there are five stages to the coming out process. These stages are: pre-coming out; coming out, exploration, first relationship, and integration.

Stage one or precoming out occurs as early as 3 years of age. The man may have feelings of isolation, behavioral problems, psychosomatic illnesses, suicidal attempts, attraction to the same sex may not be fully in his awareness at this stage. Denial and other defense mechanisms are active to make the child feel less different. Resolution of this stage is called: Coming out.

Stage two or coming out generally occurs around the ages of 13 to 18, but may be later when the attraction to same sex is acknowledged. This stage is resolved by coming out to significant others and experiencing acceptance and value. Parents may morn the lost of the image of the heterosexual relationship for the child

Stage three or exploration is characterized by sexual exploration. The major tasks of this time are to gain social skills for relationsh; ps; to learning about "safe sex"; and to realize that sexual conquests are a poor basis for self-esteem. Resolution occurs with the commitment to a relationship.

Stage four or first relationships is fraught with insecurities, over possessiveness, and mistrust because of the need for intimacy. The lack of gay committed couple role models may lead the individual to believe that such a relationship is not possible. Through application of communication skills, examination of the developmental tasks, and identification of developmental needs, the mental health counselor can help the client(s) to achieve a successful relationship.

Stage five or integration is nonpossessive, trusting, and has a sense of individual freedom. At this stage the individual is better able to cope with termination of a relationship. The developmental task identified by Erikson's stage of adulthood, midlife and old age are then concerns for the client.

In order to help the gay male move through these stages naturally, the counselor must also understand the process of healthy self-identity development. Parker and Thompson (1990) list seven elements affecting healthy identity formation among gay men.

1. The identity occurs in a heterosexual context, not a homosexual context, resulting in a duality of me and not me.
2. The duality inherent in this process makes the individual seek balance and congruence. In seeking congruence, the gay male turns to the gay community, because he is different from the heterosexual community; therefore, abnormal by their standards. The gay male

does this in order to become part of a "substantial entity within the population" (p.116).

3 The gay man has to perceive himself and other gay men as widely varied with sexual orientation as common ground.

4 Men, whether gay or not, are reared in a society where expression is not encouraged. An important part of establishing an identity is to explore how one perceives, accepts, and expresses one's self and others.

5 The gay man must find a group, tribe, community, or clique where he finds support and belongingness.

6 The gay man must find a place to be open about his fears, anxieties, and sense of dissonance.

7 The final step is to convert sexual behavior into sexual conduct. Sexual conduct differs from behavior in that it is moral laden.

Interventions

In addition to helping the gay man cope with his immediate counseling concerns, the counselor may need other therapeutic approaches. Parker and Thompson (1990) have suggested several. The first deals with a conceptual approach.

The process of coming out tends to stalemate the individual in adolescence by the sexual conflict characteristic of adolescence. By helping the clients to let go of their heterosexual identification conflicts allows both the counselor and the client to explore freedoms. The first freedom is to examine stereotype-free lifestyles available to the gay men. The lifestyles open for gay men are closed or monogamous couple, open couple, functional single with many partners, functional single with limited (known) sexual history partners, the dysfunctional, and the a-sexual (Bell & Weinberg, 1978). The second freedom is that of retracing the intense emotional "catch-up" development as normal for a gay man reared in a heterosexual dominate culture (Parker & Thompson, 1990).

Grief and loss work may constitute the second approach for the counselor to examine. The gay man experiences a loss of membership in the majority society. His participation in the ceremonies and rituals of life may be different. Only recently has society considered gays in the military, gay marriages, and gay parents. Many of these may represent losses by law or social more.

Another area of grief is that of loss of friends to AIDS. Even in today's society, many turn their back on an expression of grief and emotion, especially for men. Society as a whole may not be sympathetic, and there may be problems for bereavement leave from an employer since the loss is not an immediate family member.

Change of employment setting or career may be incumbent on the denial of sexual orientation. Another reason for change is the career advancement of the partner. Society is unaware that often a male partner changes employment

because his significant other has received a promotion or job transfer. While many companies assist heterosexual couples and families relocate, and may include a job search for the spouse, this assistance is usually not available for gay couples. The need for counseling when one partner makes significantly more than the other, or the balance switches due to job change or promotion, may surface in employment and career issues.

A third approach involves the examination of the client's and the counselor's internalized homophobia and heterosexism (Parker & Thompson, 1990). This entails an examination of the individual's own perceptions of homosexuality. Hall and Fradkin (1992) indicate that the following questions may be helpful for clients and counselors:

> What would it mean about you if you decided you were gay?
> What do you believe your family member friends would say if you told them you were gay?
> What religious beliefs do you hold now or did you learn in the past that would conflict with developing a positive gay identity?

The counselor needs a knowledge of the available resources within the community to help the client seek fair and nonjudgmental support for himself and concerned significant others in answering these questions (Parker & Thompson, 1990). A beginning reference is one like *The Big Gay Book* (Preston, 1991).

The last intervention suggested by Parker and Thompson (1991) is directed to the counselor. The suggestion is made that the counselor realize that one does not have to have experienced gay or bisexual relationships in order to be an effective and affective counselor for gay men. One merely has to have a desire to help the gay man find a place in an often hostile society where he can be accepted for who he is. The current popular statement is the counselor can be "straight, but not narrow" in his or her beliefs.

References

Bell, A. & Weinberg, M. (1978). *Homosexualities: A study of diversity among men and women.* New York: Simon & Schuster.

Coleman, E. (1982). *Developmental stages of the coming out process.* New York: Hill & Wang.

Hall, A., & Fradkin, H. (1992). Affirming gay men's mental health: Counseling with a new attitude. *Journal of Mental Health Counseling, 14,* 362-374.

O'Connor, M. (1992). Psychotherapy with gay and lesbian adolescents. In S. H. Dworkin & F. J. Gutierrez (Eds.), *Counseling gay men & lesbians: Journey to the end of the rainbow* (pp. 3-22). Alexandria, VA: American Association for Counseling and Development.

Parker, S. & Thompson, T. (1990). Gay and bisexual men: Developing a healthy identity. In Dwight Moore & Fred Leafgren (Eds.), *Problem Solving*

Strategies and Interventions for Men in Conflict (pp. 113-121). Alexandria, VA: American Association for Counseling and Development.

Preston, J. (1991). *The big gay book.* New York: Plume.

Teague, J. (1992). Issues relating to the treatment of adolescent lesbians and homosexuals. *Journal of Mental Health Counseling, 14,* 422-439.

Karla D. Carmichael, Ph.D., Assistant Professor, The University of Alabama, Program in Counselor Education Box 870231, Tuscaloosa, Alabama, 35487-0231.

Jamie F. Satcher, Ph.D., CRC, Associate Professor, The University of Alabama, Program in Counselor Education, Box 870231, Tuscaloosa, Alabama, 35487-0231

Jeff Todd, The University of Alabama, Program in Counselor Education Box 870231, Tuscaloosa, Alabama, 35487-0231

COMMUNITY AND PROFESSIONAL ROLES IN THE PREVENTION OF ADOLESCENT SUBSTANCE ABUSE

Diane Gossett
Troy State University
and
Andrew A. Cox
Troy State University

Abstract. In Alabama, adolescent abuse of alcohol and other drugs is a concern for counseling professionals, business, law enforcement, families, and the community as a whole. A more concentrated effort needs to occur to impact alcohol and other drug abuse by Alabama's adolescents. Building community coalitions, task forces, and more collaborative efforts to work towards adolescent substance abuse prevention should be involved in this effort.

Introduction

Adolescent substance abuse is a significant problem in Alabama and the southeastern United States. It is also recognized as a major problem facing young people in the nation as a whole. Healthy People 2000, the national health promotion and disease prevention objectives produced by the U. S. Public Health Service have identified the reduction of tobacco, alcohol, and other drugs by youth as major health and risk reduction objectives (U.S. Department of Health and Human Services Public Health Service, 1990).

In Alabama 76% of students enrolled in grades 9 through 12 have used alcohol, 22% have used tobacco products, 23% have used marijuana, and 5% have used cocaine (Alabama Department of Education Youth Risk Behavior Survey Report, 1993). In the South as a region for adolescents age 12 to 17, 30.4% have used alcohol, 16.6% have used tobacco products, 8% have used marijuana, and 1.4% have used cocaine (National Household Survey on Drug Abuse, 1993). National statistics for 1992 for adolescents age 12 to 17 indicate that 15.7% have used alcohol, 9.6% have used tobacco, 4% have used marijuana, and 0.3% have used cocaine (U.S. Bureau of the Census, 1994).

These statistics indicate that adolescent alcohol and other drug usage is an area of concern in Alabama. Alcohol and other drug usage rates for Alabama youth must be reduced to meet the health and prevention goals enumerated in the Healthy People 2000 objectives (U.S. Department of Health and Human Service Public Health Service, 1990). Professionals involved with adolescents need to coordinate and work together in the area of substance abuse prevention and to meet the Healthy People 2000 objectives.

The gateway theory of substance abuse affirms a predictable sequence for the use of specific drugs. This theory maintains that substance abusers first utilize legal substances beginning with tobacco, progressing to beer, wine and liquor. These individuals then progress to illegal drugs beginning with marijuana then advance to other illicit drugs (Jones & Bell-Bolek, 1986).

The gateway theory also suggests that youth who initiate drug use at an early age (under age 15) are among those groups who tend to develop the most dysfunctional drug usage patterns. Researchers investigating this theoretical construct indicate that the peak developmental years for initiating and using drugs are during ages 14 to 21. Alabama Department of Education Youth Risk Behavior Survey Report (1993) statistics for students prior to age 15 indicate that 9% reported regular use of tobacco products, 32% have used alcohol, and 6% have used marijuana. The above statistics suggest that Alabama youth are at risk for later addiction according to the gateway theory of drug usage.

Substance abuse prevention programs attempt to reduce, delay or prevent drug use prior to such usage becoming dysfunctional. This article will describe adolescent substance abuse prevention efforts in educational and community settings along with the roles of those involved in prevention efforts.

School-Based Prevention

Various approaches to the school-based prevention of adolescent substance abuse are described in the literature. Forman and Linney (1988) described primary prevention programs with the goal of reducing, delaying, or preventing adolescent drug experimentation. The three types of primary prevention programs described are drug education, social resistance, and coping skills training. These prevention programs should be infused at multi-grade grade levels within the school curriculum to allow repetition of intervention. Forman and Linney (1988) reported that drug educational or informational interventions have generally been ineffective in the prevention of substance abuse. These authors concluded, however, that it is important for adolescents to have adequate information on the health effects of substance abuse but is not sufficient to prevent substance abuse.

The second primary prevention method, social resistance programs, focus upon teaching youth interpersonal skills to resist peer pressure and handle social situations involving substance abuse. These programs include training modules designed to empower the adolescent in recognizing and resisting peer pressure and promote assertive behavior.

Coping skills training, the third primary prevention method, focuses upon the multiple reasons for substance abuse such as poor self concept, anxiety, inadequate social confidence, impulsive behavior, external locus of control, and low assertiveness. These programs use a variety of interventions to prevent substance abuse as well as enhance the development of abstinence behavior. Both Forman and Linney (1988) and Schmidt (1991) indicated that coping skills training appears to be the most effective preventive technique.

Secondary prevention programs focus upon intervention with students at high risk for substance abuse to include those who have experimented with substances. Multiple factors have been identified to include demographic, psychosocial, environmental, and biological risk factors for initiation of adolescent substance abuse. Kumpfer (1989) identified various risk factors for the initiation of adolescent substance abuse. These included, but are not limited to, children of substance abusers, victims of physical, sexual or psychological abuse, school dropouts, pregnant teenagers, economically disadvantaged youth, delinquent youth, youth with mental health problems, suicidal youth, and disabled youth. After identification by risk factors intervention focused upon the targeted group's unique characteristics can be applied. Forman and Linney (1988) and Schmidt (1994) indicated that there is little evidence for the effectiveness of secondary prevention programs.

Tobler (1989) conducted a meta-analysis of 143 school-based drug prevention programs. Tobler suggested that preventive programming should focus upon peer programs that emphasize peer refusal skills, communication, and decision making skills. At risk youth peer programs or those of a secondary prevention nature should be supplemented with alternatives such as community activities, physical adventure, mastery learning or job skills.

Student Assistance Programs (SAP's) are another approach used toward adolescent substance abuse prevention. The typical SAP includes a student assistance team with a substance abuse specialist, faculty and administrator representatives, and counselors involved in academic and social development activities within the school setting. Programs typically have a structure and a process for identifying substance abusing students, linkage to community resources that provide preventive and recovery counseling, and a school re-entry program involving case management and follow up services (Moore & Forster, 1993).

Prevention efforts in Alabama schools mirror national trends. These include the primary prevention efforts as described within this article. Each local school system has designated a drug prevention coordinator to develop, implement, and coordinate school prevention efforts (Alabama State Department of Education Drug Education Division, 1995). Several Alabama school systems have implemented the coping skills model for substance abuse prevention. These programs have included decision making and communication skills, insight into emotional and interpersonal skills, peer and family relationships, and goal setting for healthy living.

Community Programs, Business, Professional and Law Enforcement Prevention

Various providers in the community setting also work towards adolescent substance abuse prevention. Youth offender rehabilitation, religious organizations, substance abuse treatment centers, public and private mental health centers, and

recreational and community activity programs provide services directed toward adolescent substance abuse prevention. Private non-profit organizations, and civic and community service groups use the public media to disseminate information about the physical, social, and psychological consequences of substance abuse. In addition business organizations provide prevention efforts directed towards the adolescent substance abuser. Business organizations have donated funds and purchased material to assist communities and schools in prevention efforts. For example, Schmidt (1994) described a program sponsored by McDonald's Corporation in which video programs for elementary school libraries and educational organizations were duplicated and distributed.

Collaborative efforts involving law enforcement, school, and community organizations are used in prevention. The Drug Abuse Resistance Education (DARE) program is an approach that combines law enforcement personnel with educational professionals in the implementation of school based prevention efforts. The DARE curriculum involves topics directly and indirectly related to substance abuse including personal safety issues, the dangers of drug use, resistance techniques, assertiveness training, self esteem, decision making behaviors, and media influence on tobacco and alcohol use (DeJong, 1987).

Although prevention is important, remedial treatment services are an essential component in substance abuse intervention. Professionals and agencies that provide medical, individual, and family treatment, support groups, and other treatment interventions are necessary to assist adolescents in terminating substance abuse behavior. Health care providers often come in contact with adolescents at high risk for substance abuse. These professionals should become cognizant of the signs and symptoms of substance abuse and should provide and refer the adolescent and adolescent's family to early intervention services. Kumpfer (1989) described various family focused prevention interventions that focus upon the family milieu as a source of adolescent substance abuse behavior. These programs attempt to alleviate substance abuse risk factors for children and youth as well as promote the participation of parents in prevention efforts.

Implications for Professional, Community, and Business Roles

In Alabama, adolescent substance abuse is a concern. The authors of this article take the position that a more cooperative effort by helping professionals in various settings and at all practice levels needs to occur to prevent the continued increase in adolescent substance abuse. Business and community organizations should also be involved in the effort. Cooperation among counselors, business organizations, community organizations, and other professionals requires an understanding of each others' role within respective agencies and the community. Counselors in all professional settings should be challenged to assume leadership roles in the design and implementation of collaborative prevention efforts.

Recently, adolescent prevention programmers and planners have encouraged an interactive, interrelated, multi[illegible]level community program or campaign to

impact adolescent substance abuse. School-based programs are limited in their influence on youth because the majority of an adolescent's time is spent outside school (at home, watching television, in the community, etc.). An optimal prevention program would incorporate mass media, community organizations and families as well as schools (Kumpfer, 1989). A study by Johnson, Amatetti, Funkhouser, and Johnson (1990) concluded that comprehensive community prevention programs can have a significant impact upon the reduction of adolescent drug use. A study by Johnson, Amatetti, Funkhouser, and Johnson (1988) recommended that prevention focus upon the multiple factors that contribute to substance abuse. These factors include family and peer influences, marketing and availability of alcohol and other substances and community norms involving substance abuse. Community leaders should take into consideration existing community efforts and address ways in which the various programs can interrelate. The goal of any community prevention effort is to make the parts work together.

Counselors are in a unique position to spearhead collaborative multicomponent prevention efforts. Oehrke (1985) indicated the importance of creating community partnerships that include elected community officials to provide political resources, business leaders to provide financial resources to support preventive efforts, media representatives to inform and shape public opinion, and law enforcement, child protective services, and family-oriented agencies to coordinate services for the adolescent population. Counselors can also provide training to school and community personnel to assist them in identifying individual behaviors that may be indicative of substance abuse problems.

Collaborative prevention efforts need to consider the unique factors involved within the community, it's institutions and agencies, and the impact of these factors upon the prevention effort. These unique factors would include staff and administrative commitment within the involved components. Families should also be involved in the prevention program goal setting and planning. Parental involvement in strategies for dealing with adolescent and community opposition, the selection and purchase of program materials, and program scheduling considerations should be fostered.

The role of the school counselor in providing substance abuse services is essential. School counselors are among the first to become aware of adolescent substance abuse problems. Parents and teachers seek the expertise of the school counselor in preventing and dealing with adolescent substance abuse. The school counselor in conjunction with other school personnel is responsible for the implementation of prevention programs at the school level. They also refer students and their families to appropriate professionals to deal with attendant psychological adjustment and medical problems that may accompany the student's substance abuse.

The community counselor's offers a range of services which include prevention and remedial approaches. These professionals need to recognize their

essential role in providing remedial treatment interventions and aftercare for those suffering or recovering from substance abuse problems. Counselors in these settings need to inform other professionals in the community and the community at large of available services. They should strive to plan and develop streamlined referral policies and procedures. These professionals should also seek to enhance collaborative relationships and to integrate their services into the wider range of community services. For example, community counselors working with schools could offer training in the area of substance abuse indicators and development of Student Assistance Programs. Both the community and school counselor should be leaders in community and school collaborative efforts.

The media, law enforcement, business and community organizations could play a collaborative role in the funding, planning, and implementation of community wide prevention efforts. These organizations should focus upon community awareness and involvement of community resources in collaborative efforts. The media should serve the role of informing the community to the extent of adolescent substance abuse within the community and coalesce community support and participation in a prevention effort. Law enforcement personnel should be involved in substance abuse prevention efforts. The role of the community health care provider is to recognize the various factors associated with adolescent substance abuse and refer the adolescent and the adolescent's family to appropriate prevention and treatment sources.

All individuals and organizations involved in adolescent substance prevention efforts should attempt to be aware of and influence public policy considerations regarding adolescent substance abuse and its prevention. This should include awareness of the role of the media in reinforcing substance abuse, sources within the community of abused substances, ensuring adequate funding for both the prevention and treatment of substance abuse, legislative issues, and ensuring an equal balance in combating the problem of substance abuse through the use of preventive and law enforcement approaches.

Most important is that all involved should assume a role to decrease adolescent substance abuse. The authors recommend building community coalitions, task forces, and more collaborative efforts to work towards adolescent substance abuse prevention. Those involved should be challenged to assume greater initiative in community prevention efforts.

References

Alabama State Department of Education (1993). *Alabama Department of Education youth risk behavior survey report 1993.* Montgomery, AL: author.

Alabama State Department of Education Drug Education Division (1995, August). Montgomery, AL.

DeJong, W. (1987). A short term evaluation of Project DARE (Drug Abuse Resistance Education): Preliminary indications of effectiveness. *Journal of Drug Education, 17,* 279-294.

Forman, S.G., & Linney, J.A. (1988). School-based prevention of adolescent substance abuse: Programs, implementation and future directions. *School Psychology Review, 17*, 550-558.

Gehrke, M. (1995, April/May). Community partnerships. *The ASCA Counselor, 32, 3.*

Johnson, C.A., Pentz, M.A., Weber, M.D., Dwyer, J.H., Baer, N., MacKinnon, D.P., Hansen, W.B., & Flay, B.R. (1990). Relative effectiveness of comprehensive community programming for drug abuse prevention with high-risk and low-risk adolescents. *Journal of Consulting and Clinical Psychology, 58*, 447-456.

Johnson, E.M., Amatetti, S., Funkhouser, J.E., & Johnson, S. (1988). Theories and models supporting prevention approaches to alcohol problems among youth. *Public Health Reports, 103*, 578-586.

Jones, C.L., & Bell-Bolek, C.S. (1986). Kids and drugs: Why, when, and what we can do about it. *Children Today, 15*, 5-10.

Kumpfer, K.L. (1989). Prevention of alcohol and drug abuse: A critical review of risk factors and prevention strategies. In D. Shaffer, I. Phillips, N.B. Enzer (Eds.), *Prevention of mental disorders, alcohol and other drug use in children and adolescents (pp. 309-371)(DHHS Publication No. ADM 89-1646).* Washington DC: U.S. Department of Health and Human Services Public Health Service Alcohol, Drug Abuse, and Mental Health Administration.

Moore, D.D., & Forster, J.R. (1993). Student assistance programs: New approaches for reducing adolescent substance abuse. *Journal of Counseling and Development, 71*, 326-329.

Schmidt, J.J. (1994). Substance abuse prevention and intervention: An expanded perspective for counselors. *Journal of Counseling and Development, 72*, 514-519.

Tobler, N. (1989). Meta-analysis of 143 adolescent drug prevention programs. In OSAP (1989), *Prevention plus II* (pp. 500-511)(DHHS Publication No. ADM 89-1649). Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services Public Health Service (1990). *Healthy people 2000. National health promotion and disease prevention objectives (DHHS Publication No. PHS 91-50212).* Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services Substance Abuse and Mental Health Administration (1994). *National household survey on drug abuse: Population estimates 1993* (DHHS Publication No. SMA 94-3017). Washington, DC: U.S. Government Printing Office.

Diane Gossett, Ed.D., LPC, Assistant Professor, Troy State University Department of Counseling and Psychology, One University Place, Phenix City, Alabama, 36869

Andrew A. Cox, MSW, Ed.D., LPC, LMSW, Associate Professor, Troy State University, Department of Counseling and Psychology, One University Place, Phenix City, Alabama, 36869.

COMPLAINTS FILED WITH THE ALABAMA BOARD OF EXAMINERS IN COUNSELING

Ken L. Norem
Alabama State University

Abstract. The article contains a description of complaints filed with the Alabama Board of Examiners in Counseling between January 1, 1994, and July 1, 1996. The investigation of twenty-five complaints is reported.

Introduction

The Alabama Board of Examiners in Counseling was created by virtue of legislation granting licensure for professional counselors (Act 79-423). The purpose of the Board is to protect the public welfare. In carrying out this purpose, the Board adopts rules and regulations and assists in the enforcement of these rules and regulations. The rules include a code of ethics to govern appropriate practice or behavior (Alabama Board of Examiners in Counseling, 1995).

Professional counselors in Alabama have had licensure since 1980. Between 1994 and 1996 the number of licensed professional counselors (LPCs) increased from approximately 800 to more than 1200. Along with the increase in the number of LPCs, there was an increase in the number of complaints filed against LPCs for violations of the regulations and/or the ethical standards. Between January 1, 1994, and July 1, 1996 twenty-five complaints were filed with the Board.

When a complaint is filed, an investigation is conducted to determine if there is probable cause for disciplinary action. If charges are brought against an LPC, he/she is entitled to a hearing. Three formal hearings were held during the time period covered by this report. If an LPC does not choose to attend a hearing of the complaint, the Board may proceed with disciplinary action. The Board may also approve a negotiated settlement of a complaint. Ten of the 25 complaints filed between January 1, 1994 and July 1, 1996, alleged advertising violations (e.g., advertising specialties or advertising under wrong classification). As a result of these complaints, seven LPCs were cautioned to discontinue their form of advertising.

The 15 remaining complaints alleged the following violations:

1. Dual relationships (4)
2. Breach of confidentiality (4)
3. Sexual misconduct (2)
4. Lack of good moral character (2)
5. Falsifying licensure documents (1)

6. Failure to establish clear financial arrangements with client (1)
7. Failure to assist supervisee with adequate supervision (1)

Investigations of six complaints have been completed. Four LPCs had their licenses suspended with provisions (e.g., required supervision and or taking a course in ethics). One LPC surrendered his her license voluntarily, and one LPC's application for license renewal was denied. The nine remaining complaints are still under investigation.

References

Act 79-423. (1979). *Code of Alabama 1975* §§34-8A-1. *etseq*

Alabama Board of Examiners in Counseling (1995) *Administrative Code* Birmingham, AL: Author.

Ken Norem, College of Education, Box 67, Alabama State University, P O Box 271, Montgomery, Alabama, 36101-0271

Author Note: Information for this report was provided by Dr. Walter Cox, Administrative Officer, and Ms. Florence Hemphill, Secretary, Assistant for the Alabama Board of Examiners in Counseling

ALABAMA COUNSELING ASSOCIATION
LEADERSHIP
1996-97

AICA Executive Council		
President	Cheri Smith Fitzhugh	Voting
President-Elect	Marcheta McGhee	Voting
Past-President	Margaret "Meg" Smith	Voting
Secretary	Annette Bohannon	Voting
Treasurer	Carol Turner	Voting
Historian	Shirley Lanier Barnes	
Parliamentarian	Willie McGaha, Jr.	
Executive Secretary	Ervin L. (Chip) Wood	
Chapter Presidents		
Chapter I	Mark Douglas Ray	Voting
Chapter II	Barbara J. Snow	Voting
Chapter III	Bobbie Houston	Voting
Chapter IV	Katharine J. Nichols	Voting
Chapter V	Sandy Prichett	Voting
Chapter VI	Barbara Selley	Voting
Chapter VII	Ingie Givens	Voting
Chapter VIII	Rebecca M. Elmore	Voting
Chapter IX	Helen Nichols	Voting
Division Presidents		
ALACES	Karla D. Carmichael	Voting
ALAHEAD	Margaret Watson	Voting
ALAMCD	Marcheta McGhee	Voting
ALAMCD (President-Elect)	Barbara Chatman	
ALASERVIC	Mary Finley	Voting
ALASGW	Laurie Mattson	Voting
ALCCA	Jeff Shelley	Voting
ALCDA	Marvin Clemons	Voting
ALDARCA	Patricia M. Sheets	Voting
ALMHCA	Steve Jordan	Voting
ALSCA	Glenda P. Reynolds	Voting
ALAMFC	Karole Ohme	Voting
Standing Committee Chairpersons		
Awards and Resolutions (State)	Nancy Cole	Voting[1,2]

Awards and Resolutions (National)	Nancy Gothard	Voting[1,2]
Budget and Finance	Carol Turner	Voting
By-laws Parliamentarian	Willie McGaha, Jr.	Voting
Ethics	Annella Trobaugh	Voting
Government and Professional Relations	Frank Hrabe	Voting
Membership	Jane Smith	Voting
Nominations and Elections	Margaret "Meg" Smith	Voting
Professional Standards	Jamie Carney	Voting
Program	Marcheta McGhee	Voting
Publications	Margaret "Meg" Smith	Voting
Publicity	Shirley Lanier Barnes	Voting

Special Committee Chairpersons

CLU Coordinator	Helen (Len) Kitchens
Chapters & Divisions Coordinator	Karole Ohme
Endowment Fund	Lin Wood
Fall Workshop	Lynne Farmer
Fall Workshop On-Site	Delois H. Smith
Graduate Students	Coress J. Brandon
Hospitality	Donna Marsh
Human Rights Chair	Joyce Rhoden
Leadership Development	Nikki Graham
Strategic Planning	Margaret "Meg" Smith
Professional Development	Deborah Schaus
Research & Evaluation (Co-Chairs)	Elizabeth Ullery Vaughn Millner

Special Functions

Legal Counsel	Al Miles
Alabama Board of Examiners in Counseling Liaison	Luther Kramer
State Board of Education Liaison	Asa Sparks
American Counseling Association Liaison	Fannie R. Cooley
Journal Quarterly (Co-Editors)	Joel Farrell Sandy Magnuson Ken Sorem
AICA Group Process Observer	Glenda R. Elliott

Annual Conference Committee	
Chairperson	Lynne Farmer
Conference On-Site	Delois Smith
Conference On-Site	Howard Culpepper
CEU's	Helen Kitchens
Signs	Delois Smith
Music	Celia Cantor
Ads Exhibits	Barbara Embry
Dance	Billy Cannon
Dance	Bruce Foster
Film Festival	Jerry Daly
Film Festival	Gordon Thayer
Local Publicity	Nancy Fortner
Welcome & Credentials	Wynelle Sewell
Entertainment for Dance	Janet Towery
Message Center	Melissa Feehan
Keynoter's Hospitality	Jeanne Shepherd
Conference Hospitality	Debbie Davis
Arts Decorations	Christine Brown
Photography	Richard Hester

Note: Information for this report was obtained from the Alabama Counseling Association's leadership directory.

Guidelines for Authors

Manuscripts will be acknowledged on receipt by the Editor who then sends them out for anonymous review. Final decisions regarding content and publication are made by the Editor-in-Chief. Authors will receive a decision regarding a manuscript within 3 months of the acknowledgment of receipt. On publication, authors receive one (1) copy of *HCJ*.

Manuscript Categories

The *HCJ* accepts manuscripts in the following categories:

1. **Full Length Articles.** These manuscripts discuss original research or current issues. They will be 15 to 30 pages in length including references, tables and figures.

2. **Practice Articles.** These manuscripts report or describe new practices, programs or techniques and relate to theory by citing appropriate literature. They will be 10 to 15 pages in length including references, tables and figures.

3. **Article Critiques.** These manuscripts critically comment on articles previously published in *HCJ*. They will be 10 to 15 pages in length including references, tables and figures.

4. **Reviews of Books or Media.** These manuscripts review printed and electronic media available for use in counseling. They will be up to 5 pages including references.

Typing and Other Requirements

The *HCJ* accepts manuscripts that conform to style conventions of the *Publication Manual of the American Psychological Association*, Fourth Edition. Ordering information can be obtained from: American Psychological Association (APA), 750 First Street NE, Washington, DC 20002-4242.

1. The manuscript should conform to APA style of double-spaced 10- or 12-point font with one (1") inch margins on all sides, typed/printed on 8.5" X 11" paper.

2. The manuscript must include a cover page containing the name of each author, his/her current position, work address and telephone numbers.

3. The manuscript must include a cover letter that explicitly states that the manuscript has not been published previously or is under consideration by another periodical.

4. The manuscript must include an abstract of 75 words or less on a separate page.

5. The manuscript should use tables and figures sparingly. Tables should include only essential data and be combined whenever possible. Data columns within tables should be separated with a single tab. Tables and figures must be submitted one per page in camera-ready format.

6. Do not use footnotes; instead, incorporate footnotes into text or cite author/biographical information.

7. Lengthy quotations (generally 500 cumulative words or more from one source) and adaptations of tables and figures require written permission from the copyright holder. Authors must provide a copy of the written permission to the Editor immediately upon acceptance of the manuscript for publication.

8. Authors bear full responsibility for the accuracy of references, quotations, tables, figures and overall content. Authors are responsible for providing complete references. Manuscripts with incomplete references will not be published.

9. Submit an original and three copies of the manuscript to R. Joel Earl, Ph.D., *HCJ* Editor, 617 Shawnee Street, Auburn, AL 36830. A file copy of the manuscript should be retained by the author.

10. Manuscripts accepted for publication must be submitted in final revised form on a 3.5" IBM-compatible diskette, preferably in Word Perfect 5.0 or 5.1 format is preferred. The author's name, manuscript number and the software format used must be clearly labeled on the diskette.

11. Manuscripts accepted for publication become the copyrighted property of the *HCJ*. The MCA retains the copyrights to the *HCJ* and its contents (see inside of front cover for obtaining copyright permission for *HCJ*).

ALCA
ALABAMA
COUNSELING
ASSOCIATION

Editor
P.O. Box 240240
Montgomery, AL 36124-0240

U.S. Postage
PAID
Permit No. 143
Montgomery, Al

ALCA
STATION 36, U.W.A.
LIVINGSTON, AL 35470

D

53